# FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



THOMSON REUTERS

## FORM D

OMB APPROVAL
OMB Number:
Expires:
Estimated average burden
hours per response ......

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

SEC U	SE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering (☐ check if this	is an amendment and name ha	as changed, an	d indicate	change.)		SEC Mail Process		
Lehman Brothers Offshore Real	Estate Partners III, L.P.					Section		
Filing Under (Check box(es) that a	pply): Rule 504 Rule :	505 ☑ Rule 50	6 □ Sec	tion 4(6) 🗆 UL	ÖE	11111 A F 2000		
Type of Filing: ☑ New Filing □	Amendment					NFC 02 5008		
	A. BA	SIC IDENTII	FICATIO	N DATA		<del></del>		
1. Enter the information requested	about the issuer					Washington, UC		
Name of Issuer ( check if this is	an amendment and name has	changed, and	indicate cl	nange.)		777		
Lehman Brothers Offshore Real	Estate Partners III, L.P.							
Address of Executive Offices	(Ni	umber and Stre	et, City, S	tate, Zip Code)	Telephone Nu	mber (Including Area Code)		
399 Park Avenue, New York, New York 10022 (212) 526-7000						0		
Address of Principal Business Ope	rations (N	umber and Stre	et, City, S	tate, Zip Code)	Telephone Nu	mber (Including Area Code)		
(if different from Executive Office	s)							
Brief Description of Business								
Real Estate Investments						1 18 18 A BOOK 1880 BOOK 1880 BOOK 1891 WALLEN		
Type of Business Organization						1,440 1,404 400 1444 1061 1334 1061 1344 100 100		
☐ corporation	☑ limited partnership	p, already form	ed	other (	please specif	18699		
☐ business trust	☐ limited partnership	p, to be formed				08065419		
		Month	Үеаг					
		ត ត	$\Box$	☑ Actual □	Estimated			
Actual or Estimated Date of Incorp	oration or Organization:	1 1	0 7	e Actual L	Lamateu			
Jurisdiction of Incorporation or Or	ganization:	(Enter two- State:	letter U.S	. Postal Service	abbreviation for			
		CN for Car	ada: FN f	or other foreign	iurisdiction)			

#### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A	RASIC	IDENTIFIC	ATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and managing partner of partnership issuers.								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)	<b>■</b> 0 1		·				
Lehman Brothers Real Estate	Associates III, l	L.P.						
Business or Residence Address	(Number and St	treet, City, State, Zip Co	de)					
399 Park Avenue, New York, I	NY 10022							
Check Box(es) that Apply:	☑ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual).							
Real Estate Private Equity Inc	·							
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)					
399 Park Avenue 9th Floor, Ne	w York, NY 100	022						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
	<u> </u>							
Business or Residence Address	(Number and S	treet, City, State, Zip Co	ode)					
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
			<del></del>					
Business or Residence Address	(Number and S	treet, City, State, Zip Co	de)					
			<u> </u>		<u> </u>			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
		· ·						
Business or Residence Address	(Number and S	treet, City, State, Zip Co	ode)					
	·							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and S	treet, City, State, Zip Co	ode)					
			·		······			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if in	dividual)							
Business or Residence Address	(Number and S	treet, City, State, Zip Co	ode)					

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					В. І	NFORMA	TION A	BOUT OF	FERING					
													Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									🗆	×				
				Answer al	lso in App	endix, Colt	ımn 2, if fi	ling under	ULOE					
2.	What is	the minin	num invest	ment that v	will be acc	epted from	any indivi	dual? (*m	ay be less :	at discreti	on of gene	eral partner)	. \$ 10,00	0,000*
													Yes	No
3.	Does the	e offering	permit joir	nt ownersh	ip of a sing	gle unit?			•••••	***************************************			🗵	
												commission		
												erson to be list the name	of	
ı	the brok	er or deal	er. If more	than five	(5) person	s to be liste						you may set		
			ion for tha		dealer onl	у.					•			
Full Name	•		if individu	al)										
Lehman B							_				•			
Business of					et, City, S	tate, Zip C	ode)							
399 Park A	Avenue,	, New You	rk, NY 100	)22										
Name of A	ssociate	ed Broker	or Dealer											
											_		<del></del>	
States in W												E 1	U 6	
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[	[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last na	ame first,	if individu	al)										
Business o	r Reside	nce Addre	ess (Numb	er and Stre	et. City. S	tate. Zin C	ode)							<del></del> -
Daymoss o.	. Itobiae				,,, .	,р -	,							
Name of A	ssociate	d Broker	or Dealer					<u>.</u>				· <del>-</del>		
States in W												_		
· ·												🗖 Al		
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]		[ID]	
(	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]		[MO]	
ſ	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)	
Full Name	(Last na	ame first, i	if individu	al)										
Business of	r Reside	nce Addre	ess (Numb	er and Stre	et, City, S	tate, Zip C	ode)			<u></u>	•			
			,				,			_				
Name of A	ssociate	ed Broker	or Dealer	· .		•								
States in W	/hich Pe	rson Liste	ed Has Soli	cited or In	tends to So	olicit Purch	asers							
(Chec	k "All S	States" or	check indi	vidual Stat	es)				,			🗆 AI	ll States	
(	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[H1]	(ID)	
(	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
(	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
ſ	(RI)	(SC)	ISDI	ITNI	(TX)	HIT	(VT)	[VA]	(WA)	rwvi	rwn	(WY)	(PR)	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROC	EEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square\$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate fering Price	Am	ount Already Sold
	Debt		=	\$	-0-
	Equity			s	-0-
	□ Common □ Preferred				
	Convertible Securities (including warrants)	\$	-0-	s	-0-
	Partnership Interests			s	-0-
	Other (Specify) limited partnership interests *			<u>*</u>	674,000,000
	Total*		-	<u>\$</u>	674,000,000
		±4,∪	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	<u> </u>	
*A;	ggregate offering amount, which may be allocated among one or more additional limited partnerships meeting Rule 506 requirements.				
_	Answer also in Appendix, Column 3, if filing under ULOE.				
2. and	Enter the number of accredited and non-accredited investors, who have purchased securities in this offering the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
					Aggregate
			Number	Ľ	Dollar Amount
			Investors		of Purchases
	Accredited Investors		20	<u>\$_</u>	674,000,000
	Non-accredited Investors		-0-	<u>\$</u>	-0-
	Total (for filings under Rule 504 only)		N/A	<u>\$</u>	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering		Type of	E	Pollar Amount
	Rule 505		Security	\$	Sold
	Regulation A			\$	
	Rules 504			<u>*</u>	
	Total			4	
	·	_		4	
<b>}</b> .	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	l			
	Transfer Agent's Fees			<u>\$</u>	-0-
	Printing and Engraving Costs *(to be apportioned between related parallel funds)		<u>E</u>	3 <u>\$</u>	125,000
	Legal Fees *(to be apportioned between related parallel funds)		<u>E</u>	§ <u>\$</u>	800,000
	Accounting Fees *(to be apportioned between related parallel funds)				125,000
	Engineering Fees		Σ	\$ <u>\$</u>	-0-
	Sales Commissions (specify finders' fees separately)				-0-
	Other Expenses (identify) filing fees				10,000
	Total		<u>2</u>	<u> </u>	1,050,000*

\*Expense amounts, which may be allocated among one or more additional limited partnerships meeting Rule 506 requirements.

.C-Question I and ross proceeds to the		\$201,450,000
ed to be used for each te and check the box	1 (O	
	Officers,	D-1
c	\$ <u>-0-</u>	<u> </u>
C	J <u>\$ -0-</u>	□ <u>\$ -0-</u>
[	J <u>\$ -0-</u>	<u> </u>
C	] <u>\$0-</u>	<u> </u>
ring that may be	3 \$ -0-	<u> </u>
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	J <u>\$</u> -0-	□ <u>\$</u> -0-
operating D	3 <u>\$ -0-</u>	<u>\$201,450,000</u>
5	3 <u>\$ -0-</u>	<b>⊠</b> \$201,450,000_
***************************************	<b>⊠</b> \$201,	450,000*
partnerships		
If this notice is filed sion, upon written rec	under Rule 505, the quest of its staff, the	ne following signature the information
F-1		8
Estate Private Equit te Associates III, LI	y Inc., the sole m .C, the general p	ember of Lehman artner of the Issuer
·		
	ed to be used for each the and check the box is proceeds to the issue of the issue	Payments to Officers, Directors, & Atfiliates    \$ -0-   \$ -0-   \$ -0-